

Adjustment date: 07/24/2008 CKHLOK
06/16/2008 INTEFSW 00003378 024377 10073463
02 FC:2253 525.00 CR

FEE TRANSMITTAL for FY 2007		<i>Complete if Known</i>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/073463
		Filing Date	02/11/2002
		First Named Inventor	Rzhetsky et al.
		Examiner Name	DeJong
		Art Unit	1631
		Attorney Docket No.	070050.1942
TOTAL AMOUNT OF PAYMENT		(\$) 1,295	

METHOD OF PAYMENT <i>(check all that apply)</i>	FEE CALCULATION <i>(continued)</i>																																				
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: <div style="border: 1px solid black; padding: 2px; margin: 2px;">Deposit Account Number: 02-4377</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">Deposit Account Name: Baker Botts L.L.P.</div> <p>The Director is authorized to: <i>(check all that apply)</i></p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> Surcharge - late oath or filing fee</td><td style="border: 1px solid black; width: 100px;"></td></tr> <tr><td><input type="checkbox"/> Non-English Specification</td><td style="border: 1px solid black;"></td></tr> <tr><td><input type="checkbox"/> Extension for reply within first month</td><td style="border: 1px solid black;"></td></tr> <tr><td><input type="checkbox"/> Extension for reply within second month</td><td style="border: 1px solid black;"></td></tr> <tr><td><input checked="" type="checkbox"/> Extension for reply within third month</td><td style="border: 1px solid black; text-align: center;">\$525</td></tr> <tr><td><input type="checkbox"/> Extension for reply within fourth month</td><td style="border: 1px solid black;"></td></tr> <tr><td><input type="checkbox"/> Extension for reply within fifth month</td><td style="border: 1px solid black;"></td></tr> <tr><td><input type="checkbox"/> Notice of Appeal</td><td style="border: 1px solid black;"></td></tr> <tr><td><input type="checkbox"/> Filing a brief in support of an appeal</td><td style="border: 1px solid black;"></td></tr> <tr><td><input type="checkbox"/> Petition to revive - unavoidable</td><td style="border: 1px solid black;"></td></tr> <tr><td><input checked="" type="checkbox"/> Petition to revive - unintentional</td><td style="border: 1px solid black; text-align: center;">\$770</td></tr> <tr><td><input type="checkbox"/> Utility Issue Fee</td><td style="border: 1px solid black;"></td></tr> <tr><td><input type="checkbox"/> Design Issue Fee</td><td style="border: 1px solid black;"></td></tr> <tr><td><input type="checkbox"/> Publication Fee</td><td style="border: 1px solid black;"></td></tr> <tr><td><input type="checkbox"/> Petitions to the Commissioner</td><td style="border: 1px solid black;"></td></tr> <tr><td><input type="checkbox"/> Request for Continued Examination (RCE)</td><td style="border: 1px solid black;"></td></tr> <tr><td><input type="checkbox"/> Information Disclosure Statement (IDS)</td><td style="border: 1px solid black;"></td></tr> <tr><td>Other fee -</td><td style="border: 1px solid black;"></td></tr> </table>	<input type="checkbox"/> Surcharge - late oath or filing fee		<input type="checkbox"/> Non-English Specification		<input type="checkbox"/> Extension for reply within first month		<input type="checkbox"/> Extension for reply within second month		<input checked="" type="checkbox"/> Extension for reply within third month	\$525	<input type="checkbox"/> Extension for reply within fourth month		<input type="checkbox"/> Extension for reply within fifth month		<input type="checkbox"/> Notice of Appeal		<input type="checkbox"/> Filing a brief in support of an appeal		<input type="checkbox"/> Petition to revive - unavoidable		<input checked="" type="checkbox"/> Petition to revive - unintentional	\$770	<input type="checkbox"/> Utility Issue Fee		<input type="checkbox"/> Design Issue Fee		<input type="checkbox"/> Publication Fee		<input type="checkbox"/> Petitions to the Commissioner		<input type="checkbox"/> Request for Continued Examination (RCE)		<input type="checkbox"/> Information Disclosure Statement (IDS)		Other fee -	
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SUBMITTED BY		<i>(Complete if applicable)</i>	
Name (Print/Type)	Kimberley A. Gavin	Registration No. (Attorney/Agent)	51,723
Signature		Telephone	212-408-2500
		Date	06/13/2008

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.
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UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>7/18/08</u>		2 Serial/Patent # <u>10/073463</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time <u>2253</u>		<u>6/13/08</u>	\$ <u>525.00</u>							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ <u>525.00</u> <u>0.00</u>							
		8 TO BE REFUNDED BY:									
10 REASON:		<input type="checkbox"/> Treasury Check									
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">4</td> <td style="width: 20px;">3</td> <td style="width: 20px;">7</td> <td style="width: 20px;">7</td> </tr> </table>			0	2	--	4	3	7	7
0	2	--	4	3	7	7					
	No Fee Due (Explanation):										
<i>Extension of Time fee unnecessary</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>John Bucko</u>		TITLE: <u>Paralegal</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>571-272-4884</u>									
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>7/24/08</u>									

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